

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE	
						001083282	APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
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<b>TOTAL IND.</b>	<b>4</b>							
<b>TOTAL DEP.</b>	<b>2</b>							
<b>TOTAL CLAIMS</b>	<b>33</b>							